

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588,893

FILING DATE

8-10-06

APPLICANT(S)

CLAIMS

	AS Article 34 Amdt		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	1					
6	1	-				
7	1	-				
8	1	-				
9	1	-				
10	2					
11	1	-				
12	1	-				
13	1	-				
14	1	-				
15	1	-				
16	1	-				
17	1	-				
18	1	-				
19						
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49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	20	←	←	←	←	←
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						